PAGE 03

Ø002

Attorney Docket No.: 017712-000121US Client Ref. No.:

PTO/SB/01A (05-03)

Approved for use through 05/21/2003, QMB 0651-0032

U.S. Patern and Trademark Office (U.S. DEPARTMENT OF COMMERCE

Uncertho Paparwork Reduction Act of 1985, no pageons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (3" CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	MULTIPLE HAZAR THEM	D PROTECTIVE ARTICLES	AND METHODS FOR MAKING			
As the below named inventor(s), I/we declare that:						
This declaration is directed to:						
E	The attached a	pplication, or				
Į	Application No.	, filed on ,				
		d on (if applicable);				
I/we bolleve that I/we am/are the original and first inventor(a) of the subject matter which is claimed and for which a patent is sought.						
ive have reviewed and undersigned the contents of the above-identified application, including the claims, as amended by any unendment appointcally referred to above;						
tive acknowledge the duty to disclose to the United States Patent and Trademark Office all Information known to melus to be naterial to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which continuation-in-part applications. It is prior application and the national or PCT International filing date of the						
All statements made herein of invious own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVENTO	R(S)		/ ,			
Inventor 1 Ronald E	eMeo	Date:	7/1/03			
Signature:		Citizen of:	United States			
Inventor 2 Joseph K	ucharovsky, Ph.D.	Date:	7/11/03			
Signature:	Tuchero	VSKY Citizen of:	United States			
Inventor 3		Date:				
Signature:		Citizen of:				
Inventor 4		Date:	'			
Signature:		Citizen of				
Addisonal inventors are baing named on form(s) attached hereto.						
Mile collection of information is required by as U.S.C. 118 and 37 CER 4.48						

implementation of information is required by 35 U.S.C. 115 and 37 CFR 1.05. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidenciality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will very burden, should be sent to be child information officer, U.S. Patent of time you require to complete this form and/or suggestions for reducing this burden, should be sent to be 124cif information Officer, U.S. Patent of the Commence, P.O. Box 1450, Alexandrio, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Committee for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need institutes in completing the form, call 1-800-PTO-0199 (1-800-786-8199) and select option 2

SF 1473601 v1

Under the Paperwork Reduction Act of 1995, no persons are	U.S. Patent and required to respond to a collection of info	Approved for use through 04/30/2003. OMB 0651 Trademark Office; U.S. DEPARTMENT OF COMME imation unless it displays a valid OMB.
	Application Number	uniess it displays a valid OMB control numb
	Filing Date	1
POWER OF ATTORNEY OR	First Named Inventor	DeMeo, Ronald
AUTHORIZATION OF AGENT	Title	MULTIPLE HAZARD PROTECTIVE ARTICLES AND METHODS FOR
	Art Unit	MAKING THEM
	Examiner Name	
	Attorney Docket Number	017712-000121
l hereby appoint		1
 ☑ Practitioners at Customer Number ☑ Practitioner(s) named below; 	—	*20350* 20350
Name	Registra	PATENT TRANSMARK DUFIT'S
	10310112	MO) Number
	, =	transact all business in the United States
Please change the correspondence address for the D	above-identified application to:	transact all business in the United States
Please change the correspondence address for the D The above-mentioned Customer Number. OR	above-identified application to:	Transact all business in the United States
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or	above-identified application to:	Transact all business in the United States
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name	above-identified application to:	Transact all business in the United States
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address	above-identified application to:	Transact all business in the United States
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or	above-identified application to:	Transact all business in the United States
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address	above-identified application to:	Tansact all business in the United States
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address	above-identified application to:	
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country	above-identified application to:	
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the:	above-identified application to:	
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Celephone I am the: Applicant/Inventor.	above-identified application to: State Fax	
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Celephone I am the: Applicant/Inventor.	above-identified application to: State Fax	
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country elephone I am the: Applicant/Inventor. Assignee of record of the entire Interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (For Name of the entire Interest).	State Fax CFR 3.71, cm PTO/SB/96)	ZIP
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Pleephone I am the: Applicant/Inventor. Assignee of record of the entire Interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (For Signature of	above-identified application to: State Fax	ZIP
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country elephone I am the: Applicant/Inventor. Assignee of record of the entire Interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (For Name of the entire Interest).	State Fax CFR 3.71, cm PTO/SB/96)	ZIP
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Felephone I am the: Applicant/Inventor. Assignee of record of the entire Interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (For ame Ronald DeMeo	State Fax CFR 3.71. Orm PTO/SB/96). Applicant or Assignee of Recommendation to:	ZIP
Please change the correspondence address for the D The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire Interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (For ame Ronald DeMeo	State Fax CFR 3.71. Orm PTO/SB/96). Applicant or Assignee of Recon	ZIP

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or rotein a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including lase. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attorney Docket No. 017712-000121

Applicant/Patent Owner: DeMeo. Ronald	ENT UNDER 37 CFR 3.73(b)			
DelMao, Ronald				
Application No./Patent No.:	Filed/Issue Date:			
Entitled: MULTIPLE HAZARD PROTECTIVE AR'	TICLES AND METHODS FOR MAKING THEM			
a service and Development	DE STANDAMO THEM			
(Tamber / Tambridge)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.			
states that it is:	permentagency, etc.			
 the assignee of the entire right, title, a 	the assignee of the entire right, title, and interest; or			
2. In assignee of less than the action of the same and th				
in the patent application/patent identified above by	lersnip interest is% Virtue of either:			
A. An assignment from the investor	atent application/patent identified above. The assignment was demark Office at Reel, Frame, or for which a copy			
OR	- 1467			
A chain of title from the inventor(s), of the paras shown below:	tent application/patent identified above, to the current assignee			
1. From:	То :			
The document was recorded in the Unite	ad States Date /			
Reel, Frame, or for which a	a copy thereof is attached.			
2. From:	~			
The document was recorded in the Unite	To:			
Reel, Frame, or for which a	copy thereof is attached.			
3. From;	To :			
The document was recorded in the United	d States Detent and T			
Reel, Frame, or for which a	copy thereof is attached.			
Additional documents in the chain of title				
Copies of assignments or other documents in the	Chain of the are attrached			
	nent document or a true copy of the original document)			
The undersigned (whose title is supplied below) is au	502.01			
	3334100			
July 16, 2003	Ropeld DeMeo			
Date	r yped or printed name			
(305) 535-7406				
Telephone number	Signature			
	CEO			
	Title			

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 (1-800-786-9199) and select option 2.